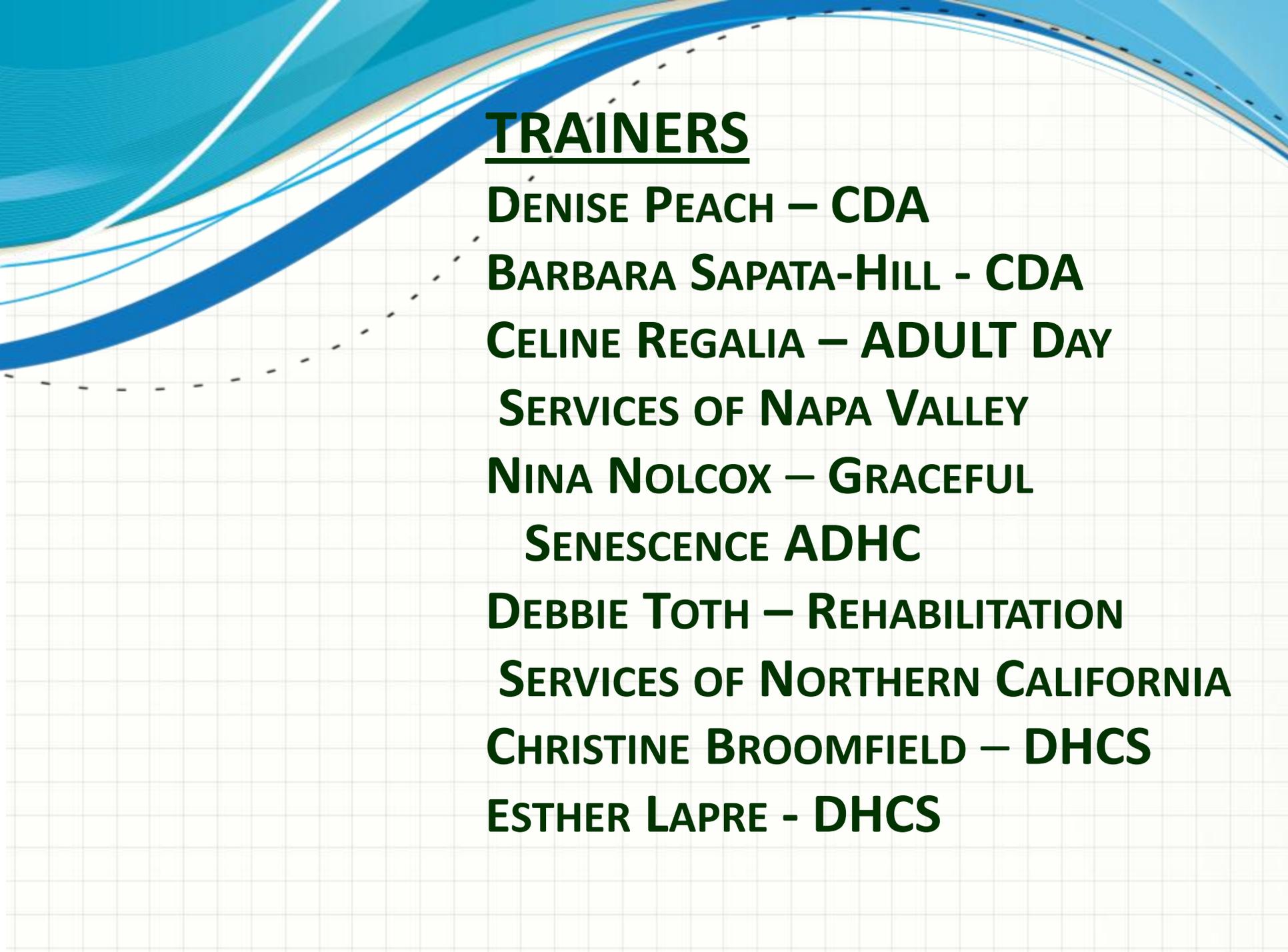




CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

**COMMUNITY BASED ADULT SERVICES
(CBAS) ELIGIBILITY DETERMINATION**

December 13 & 14, 2011



TRAINERS

DENISE PEACH – CDA

BARBARA SAPATA-HILL - CDA

CELINE REGALIA – ADULT DAY

SERVICES OF NAPA VALLEY

NINA NOLCOX – GRACEFUL

SENESCENCE ADHC

DEBBIE TOTH – REHABILITATION

SERVICES OF NORTHERN CALIFORNIA

CHRISTINE BROOMFIELD – DHCS

ESTHER LAPRE - DHCS

Agenda

- Overview
 - Today's Training
 - ADHC / CBAS Transition Implementation
- ADHC 101
 - ADHC Visit Experience and Expectations
- Overview of CBAS Eligibility
 - Criteria
 - Process
 - Tools
- CBAS Eligibility Determinations
 - The “How To's”

Training Objective

- Prepare ADHC center staff and State assessment teams for CBAS eligibility determinations to be conducted December 19, 2011 through January 2012.

Overview – ADHC/CBAS Transition Implementation

- Brief recap of ADHC program developments 2011
 - ADHC Benefit Elimination
 - New CBAS Program – 1115 Waiver
- Key Dates
 - 12/19 through January - Eligibility Determination On-sites
 - 3/1/12 - ADHC Benefit Elimination/CBAS Start
 - 7/1/12 – CBAS Transition to Managed Care



ADHC 101

ADHC 101

- Model of Care
 - Individualized and Person-Centered Care Utilizing the Multidisciplinary Team (MDT)
- Definition of MDT
 - Utilize expertise of multiple skilled disciplines to achieve desired outcomes
- Target Populations & Specialty Programs within ADHC
 - Seniors, MH, DD, TBI, Alzheimer's, Skilled Therapy, Skilled Nursing
- Ethnic Diversity and Language Capacity
- Hours of Operation
 - Program Hours
- Basic Program Services

Adult Day Health Care Services



ADHC Case Studies

- Case Study #1 (Mental Health)
- Case Study #2 (Advanced Dementia)
- Case Study #3 (TBI)

Mental Health Example

Profile:

- 55 year old female lives alone in one room, studio apt. complex for psychiatric patients. Refuses help from sister.
 - Diabetic retinopathy
 - Hypertension/Uncontrolled
 - Recurrent Depression[severe]
 - Asthma
 - Hx of CVA

Mental Health Example

Risk Factors Contributing to Premature NF:

- Unable to manage medical regime due to depression; resists blood sugar checks, needles and insulin.
- Mismanagement of medications
- Hx of not keeping MD appts.
- Reckless behavior: 'disappears' for days, spending sprees, no money left to buy medications
- Hx of repeat ER trips for high/low blood sugars and blood pressures.
- Hx of hypoglycemia that can lead to shock/diabetic coma.
- Unwilling to follow diabetic diet.
- Sedentary lifestyle/obese.

Mental Health Example

ADHC Interventions:

- RN monitors for unstable blood sugars and blood pressure.
- Evaluates & communicates w/MD; sends to ER when out of medical parameters.
- SW arranges MD appts. Arranges transportation; calls/cards as reminder to keep appts.
- RN reinforces compliance w/medications; teaches warning signs/educates, evaluates effectiveness.
- Dietician teaches proper meal preparation.

Mental Health Example

ADHC Interventions:

- Dietician teaches proper meal preparation.
- LCSW provides mental health therapy to manage depression/make healthy choices.
- SW assists with money management and ensures medications are purchased.
- RN and SW stress the absolute need to check blood sugars; assisted in purchase of watch w/alarm to remind to check blood sugars.
- PT provides daily exercise; helps to decrease depression/manage weight.

Mental Health Example

Outcomes Past Six Months:

- Fewer days of abnormal blood sugar/blood pressure readings.
- All medication purchased as needed.
- No reckless spending of money.
- Kept all but one MD appt.
- No ER or hospital admissions.
- Weight loss of 6 pounds.

Dementia Example

Profile:

- 91 year old woman living with her daughter in an apartment. Daughter, son, and daughter-in-law take turns in c/g shifts during night and day. Dementia due to syphilis.
- Abnormality of gait
- Hypertension Nos
- Hyperlipidemia Nec/nos
- Depressive Disorder
- Hypothyroidism

Dementia Example

Risk Factors Contributing to Premature NF

- Medication Mismanagement. Unable to manage complicated regime. C/g has hx of non-compliance to not understanding dose, and reason for medication r/t bx.
- Hx of wandering bx-will hitchhike from strangers, extremely difficult to redirect due to strong delusions r/t dementia.
- High c/g stress due to need to meet Protective Supervision requirements (due to wandering bx, cognitive decline and high fall risk), while also caring for grandchildren and needing to work.
- Hx of combative bx to c/g.

Dementia Example

Risk Factors Contributing to Premature NF (Cont.)

- Hx of high levels of anxiety that do not improve with medication; thus contributing to high wander risk.
- Hx of APS involvement due to wandering and combative behavior, and due to lack of coordination of care between caregivers.
- Ataxic gait and hx of falls (tinetti score 18/28). Pt also refuses to use her walker in the home and in the community, thus contributing to fall risk.
- Increased episodes of inappropriate behavior (spreading feces on wall).

Dementia Example

ADHC Interventions:

- RN and Social Worker monitor medications and med compliance with family, offering consultations and psychoeducation r/t medications and bx as needed.
- Social Worker and staff monitor for increased anxiety and agitation. Communicates anxiety and medication needs w/MD and c/g.
- Social Worker coordinates care to ensure necessary services are being received, such as MSSP, IHSS.
- Social Worker monitors IHSS worker, family to ensure consistent care.
- Physical therapy addresses ambulation balance and strength.
- Occupational therapy addresses upper extremity range of motion, grip and function of non-dominant hand.

Dementia Example

Outcomes Past Six Months:

- No incidence of patient being unattended at home or in community.
- MD educated on pt. bx (danger to self and others) and need for medication management and c/g education.
- No reported falls since 9-20-09
- High blood pressure parameters reported to MD by ADHC RN.
- No reported incidents of wandering unattended.

Brain Injury Example

Profile:

- 45 y/o with TBI from MVA 2005
- Lives with mother
- Primary diagnosis Brain Injury Nec
- Secondary diagnoses Insomnia Nec, Seizure Disorder, Mental/behavior Problem NOS

Brain Injury Example

Risk: Factors Contributing to Premature NF

- Short Term Memory Deficits
- Poor Judgment
- Poor impulse control with socially inappropriate behavior.
- Agitated behavior
- Reduced attention span
- Needs assistance or dependent with most IADL's
- History of depression related to functional limitations
- Medication non-compliance

Brain Injury Example

ADHC Interventions:

- RN and SW assess for anxiety and monitor medications and medication compliance with mother, MD, and MDT.
- RN, SW and MDT monitor for agitated and restlessness behavior.
- RN provides medication and team provides behavioral interventions.
- OT and ST provide functional cognitive-linguistic therapy to develop functional problem solving skills for IADL's.
- PT provides maintenance program to maintain mobility status at supervised level.
- SW, OT, ST and staff provide verbal cues, structure and redirection to reduce socially inappropriate behavior.
- SW and staff monitor for s/s of depressive feelings, provide emotional support and encouragement to increase self-esteem and reduce s/s of depression.

Brain Injury Example

Outcomes Past Six Months:

- Pt.'s anxiety has decreased over last 6 months. SW and RN coordinated w/ c/g and PCP to address agitation and restlessness, resulting in changes in medication (addition of Valium). Pt. is responding well to medication change.
- Able to attend to 20 minutes semi-structured group activity on a regular basis, sometimes up to 40 minutes.
- Able to participate in a small group for focused cognitive therapies for 45 minutes.
- Improved ability to follow center and participant-specific rules with good understanding of consequences
- Able to determine appropriate solutions to problems with minimal to moderate verbal assist. Remains easily distracted and tangential.



CBAS Eligibility Overview

CBAS Eligibility Determinations

- Purpose:
 - To transition currently eligible ADHC participants into the new CBAS program by March 1, 2012
 - To ensure individuals **NOT** eligible for CBAS services receive information about their option to receive enhanced case management and other services through DHCS and managed care plans
 - This process is about determining eligibility by focusing on the participant's entire eligibility profile.

CBAS Eligibility Criteria

- Who's eligible:
 - Categorically Eligible (no assessment required)
 - Presumptively Eligible (no onsite assessment at this time)
 - Individuals Who Meet Diagnostic Categories Specified in Settlement Agreement (face-to-face assessment required)

CBAS Eligibility Criteria

- Definition of Categorically Eligible
 - Regional Center clients
 - Multi-Purpose Senior Services Program (MSSP) clients
 - Individuals eligible for Specialty Mental Health services (assessed and found eligible by the County)
 - Individuals eligible to receive 195 or more hours of In-Home Supportive Services (IHSS)

CBAS Eligibility Criteria

- Definition of Presumptively Eligible
 - Meet NF-B level of care determined by DHCS
 - OR**
 - Current IPC indicates a need for assistance or supervision with three (3) of the following ADL/IADLs: bathing, dressing, self feeding, toileting, ambulation, transferring, medication management and hygiene **AND**
 - One nursing intervention provided at ADHC

CBAS Eligibility Criteria

- Diagnostic Categories:
 - NF-A
 - Organic/Acquired or Traumatic Brain Injury and/or Chronic Mental Health
 - Alzheimer's Disease or Other Dementia (Stage 5, 6, or 7)
 - Mild Cognitive Impairment, including moderate Alzheimer's (Stage 4)
 - Developmental Disability

Diagnostic Categories

- Definition of NF-A Title 22, CCR, Sections 51120(a) & 51334(l)
 - Requires skilled nursing care or observation on an ongoing intermittent basis and 24-hour supervision to meet the persons needs
 - Medications taken require nursing observation for response and effect on an intermittent basis

Diagnostic Categories

- Definition of NF-A (Cont.)
 - Needs little/no assistance in feeding self
 - May require minor assistance/supervision in personal care, such as bathing or dressing
 - May need restorative measures for increasing and strengthening functional capacity
 - May have vision, hearing or sensory loss

Diagnostic Categories

- Definition of NF-A (Cont.)
 - Have limitation in movement, but able to ambulate with or without assistance
 - May need supervision/assistance in transferring to a wheelchair, but able to ambulate the chair independently
 - May be occasionally incontinent of urine, is able to care for self
 - May exhibit mild confusion or depression, behavior is stable and poses no threat to self or others

Diagnostic Categories

- Definition of Organic/Acquired or Traumatic Brain Injury and/or Chronic Mental Health
 - Diagnosed condition(s) and needs supervision or assistance with at least one of the following:
 - Two ADL/IADL: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management and hygiene
 - OR**
 - One ADL/IADL listed above **and** money management, accessing resources, meal preparation or transportation

Diagnostic Categories

- Definition of Alzheimer's Disease or Other Dementia (Stage 5, 6, or 7)
 - Moderate or severe Alzheimer's disease or other dementia characterized by the descriptor of or comparable to, Stages 5-7 Alzheimer's disease
 - Reference Guides:
 - » “Guide to Determine Alzheimer Disease or Dementia Stages for CBAS Screening”
 - » “CBAS Record of Dementia Stages for CBAS Screening”

Diagnostic Categories

- Definition of Mild Cognitive Impairment, including moderate Alzheimer's (Stage 4)
 - Mild cognitive impairment or moderate Alzheimer's disease or other dementia characterized by the descriptors, or comparable to State 4 Alzheimer's disease
- AND**
- Needs supervision or assistance with two (2) of the following ADL/IADLs: bathing, dressing, self-feeding, toileting, ambulation, transferring, medication management and hygiene.

Diagnostic Categories

- Definition of Developmental Disability
 - Individuals with developmental disabilities who meet the criteria for regional center eligibility as determined by a Regional Center under contract with the Department of Developmental Services.



Eligibility Screening and Determination Process

CBAS Eligibility Screening

- Center:
 - Completes Screening Tools for non-categorical and non-presumptive participants
 - Maintains copies of Screening Tools at center
 - Submits Screening Tool Summary form with results of participant screenings to CDA via FAX – by 12/23/2011.
 - CDA FAX (916) 928-2507
 - **NOTE: Submit by FAX only. Do not transmit Screening Tool Summary via e-mail.**

CBAS Eligibility Determination - Pre-Onsite Review

- State Team:
 - Reviews Screening Tool summaries submitted by center
 - Reviews IPCs for participants identified on the Screening Tool Summary
 - Records key data fields on CBAS Eligibility Determination Tool (CEDT)
 - Contacts the center to notify staff of onsite review date(s)

CBAS Eligibility Onsite Review Overview

- Entrance Conference
- Review of Screening Tools
- Medical record review
- Participant Face-to-Face
 - Observation
 - Interviews
- Completion of CBAS Eligibility Determination Tool
- Exit Conference

CBAS Eligibility Determination

- What It IS:
 - Determination by State nurses of a beneficiary's demonstrated eligibility for CBAS services as defined in settlement agreement criteria
- What It Is NOT:
 - A health record audit
 - A validation of documentation supporting eligibility

Roles and Protocols For Onsite

- Center
 - Provide Screening Tools to State Team When They Arrive
 - Assist State Team By:
 - Identifying individuals being assessed
 - Locating key medical record documents needed
 - Facilitating participant interviews, including translation and access to caregivers as needed
 - Answering questions

Roles and Protocols For Onsite

- State Team
 - Review Screening Tools
 - Work with center team to obtain necessary information
 - Review medical records
 - Observe participants and interview as necessary
 - Seek clarification as necessary from center staff
 - Complete Eligibility Determination Tool
- **NOTE: No final determinations of eligibility will be made onsite. DHCS will notify the ADHC of eligibility determinations no later than 10 working days from the final onsite visit.**

CBAS Eligibility

– Beneficiary Rights Overview

- Face-to-Face Initial Assessment
 - WHEN:
 - Screening Tool determines the participant is eligible for CBAS
 - Screening Tool determines the participant is not eligible for CBAS **AND** the participant or participant's family requests a face-to-face
 - Prior to termination of participant's ADHC services
 - NOTE: The settlement agreement specifies additional requirements for DHCS to contact participants previously served by ADHC but not currently receiving services.

CBAS Eligibility

– Beneficiary Rights Overview

- Second Review

- WHEN:

- Either the center or DHCS determines the individual is ineligible **AND** the participant or participant's family requests a second review.
 - Prior to termination of ADHC services

- Reviews will be completed by DHCS nurse supervisors

- Fair Hearing

Completing the Eligibility Screening Tool

- Timing of state call and tool completion
- Generating the Eligibility Screening Summary for the State and keeping the original Screening Tools for the State upon their arrival for Determination visit
- Orientation to the tool
- Step by step walk through of completing the tool

Orientation to CBAS Eligibility Determination Process and Tool

- Entrance interview
- Orientation to clients with mental health issues and dementia
- Center's role in the State on-site visits
- Orientation to charts (Center-specific "Cheat Sheet")
- Orientation to the Determination Tool



Completing the CBAS Eligibility Determination Tool (CEDT)

Completing the CEDT

- Page 1 – Participant Name, background information
- Box A – Designation of Categorical
- Box B – Designation of Presumptive
- Box C – Unconfirmed Categorical classification by ADHC
- Box D – Alzheimer's/Dementia level noted by State nurse

Completing the CEDT

- Box E – Diagnoses and Medication
- Box F – Medication Administration
- Box G – ADL/IADLs and Explanation – enter functional levels as determined by record review/observation/interview. Note discrepancies.
- Box H – Assistive/Sensory Devices

NOTE: If after observation of the participant the State nurse determines in his/her professional judgment that the participant meets eligibility criteria for CBAS, he/she may decide that no interview is necessary, complete Boxes A through G, and continue to Page 3, Comments.

Completing the CEDT

- Box I - Systems Review
- Box J – Current Care Plan – include qualifying issues only
- Page 3 – Comments – include as much narrative description as necessary to support eligibility determination
- Page 4 – Determination and Signatures

Determining CBAS Eligibility

- The “How To’s”
- Guidance From Nurse Experts in Levels of Care

Participant Considerations- the Nurse's Role

- Privacy
- Rules of Engagement
- Observation and Interview

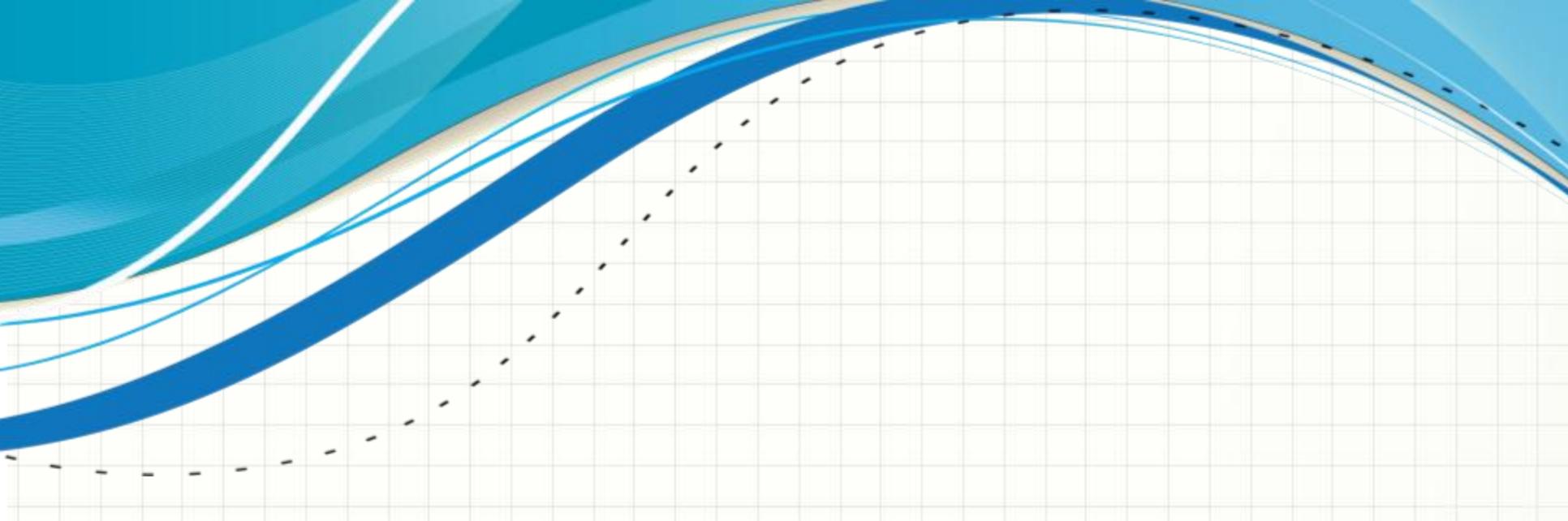
Intermediate Care Services Criteria

- Title 22, CCR, Section 51334
- (l) In order to qualify for intermediate care services, a patient shall have a condition which needs an out-of-home protective living arrangement with 24-hour supervision and skilled nursing care or observation on an ongoing intermittent basis to abate health deterioration
- (1) The complexity of the patient's medical problems is such that he requires skilled nursing care or observation on an ongoing intermittent basis and 24-hour supervision to meet his health needs.

Wrap Up

- Key Training Points
 - Transition of ADHC and CBAS eligible participants
 - State and ADHC center collaboration for the good of the participants

- We need Volunteers to Get Started
 - Here's how you can help



DISCUSSION